A Two Way Street: Bridging Implementation Science and Cultural Adaptations of Mental Health Treatment

This manuscript proposes merging the cultural adaptation and implementation science fields to facilitate addressing racial and ethnic disparities in mental health care. Justification for need to examine cultural adaptations within the implementation science framework is described. This is a well-written manuscript that integrates the current literature on both cultural adaptations and implementation sciences in the discussion. The manuscript provides a useful framework to facilitate moving both fields further through integration. The following may be considered for the manuscript.

1. The manuscript would be improved by broadening the discussion of cultural adaption beyond racial and ethnic categories for a number of reasons. First, racial and ethnic “culture” is dynamic, multifaceted, and complex. The Latino community in New York City is different from the Latino community in Miami, and both are distinct from the community in small border towns in Texas. Further, bi- and multiracial is increasingly common and immigration status is a critical component. Cultural factors at the client and provider level that influence uptake and responsiveness of evidence based practices reach far beyond broad categories of race and ethnicity, at minimum religion, spirituality, learning styles, and socioeconomic status impact the acceptability, access, and application of mental health services. While the focus of this article was on reducing racial and ethnic disparities, this goal cannot be reached by focused adaptations based on single cultural characteristic. Efforts to facilitate adaptations to local and family factors while maintaining fidelity to core components of the EBP via diverse training models and tested using implementation science is worth further discussion as it is part of the critical venue for widespread implementation of culturally adapted interventions. This also addresses a critical implementation science issue: provider uptake. Provider engagement in EBT is enhanced when the treatment is not a “cookbook” but rather can be adapted to fit consumers while maintaining fidelity to the core components.

2. Page 8, first paragraph, line 5 recommend changing “lack” to “limited” to indicate there has been some focus on cultural adaptations, as these efforts are cited later in the manuscript.
3. It would be helpful for the reader to have examples of how broad recommendations proposed could be translated into research designs and methodology as well as direct application. For example, on page 8 “the explicit process and the careful documentation of adaptation during the implementation and dissemination of EBTs” is proposed. What aspects of the adaptation needs documented and measures and methods are proposed to make this a reality? Also on page 16 and 22 where more research on cost/benefits and adaptation models, respectively, are recommended, provision of specific recommendations or references to methods to be replicated would be beneficial.

4. If the core components are well defined with fidelity measurements that capture implementation efforts with the client (not just process or count measures), is constant collaboration with the treatment developers necessary to examine adaptation and implementation as proposed on page 10?

5. The authors may want to include issues related to workforce to the discussion of resources and capital on page 15. In some communities (e.g., rural, reservation, frontier), workforce is not and likely will not be available to provide mental health services requiring doctoral or even licensed masters level providers. Matching service approach with work force and adaptation telemedicine and other uses of technology may need to be considered.

6. The description on page 21 of the cultural adaptation specialist is not well integrated with the rest of the manuscript. This paragraph assumes there can be one individual expert that facilitates adaptation process. This appears in direct contrast to earlier discussions regarding using participatory research and collaboration in the community to inform cultural factors to consider.

Minor edits

1. Abstract – change “makes” to make on line 7. Add an “s” to field on line 8 of the discussion section.

2. Page 7 – last paragraph, last sentence, I believe “were” is “where”.

3. Table 1. “buying” should be “buy in” no?

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests